



CITY OF REDMOND

Permit Center

15670 NE 85th Street
Redmond, WA 98052
(425) 556-2473
www.redmond.gov

FOR STAFF USE ONLY

Development #: _____ Date: _____

Project #: _____ App Expires: _____

Permit #: _____ Accepted by: _____

Type: _____ Payment method: _____

Residential Permit Application

Application and plans must be complete in order to be accepted for plan review.

Project Name/Tenant:		*Value of Construction:
Site Address:		Tax Parcel Number:
General Location:		Lot Number:
Contact Person:		Phone:
Mailing Address:	City State/Zip:	Fax #:
Firm or Company Name:		E-Mail Address:
Contractor:		Phone:
Mailing Address:	City State/Zip:	Fax #:
State Contractor's License #:	Expiration Date:	City of Redmond Business License #:
Design Professional:		Phone:
Mailing Address:	City State/Zip:	Fax #:
Firm or Company Name:		E-Mail Address:
Property Owner:		Phone:
Mailing Address:	City State/Zip:	Fax #:
Lender Name:		Phone:
Mailing Address:	City State/Zip:	Fax #:
Description of work to be done (Please be specific): _____ _____ _____ _____		
Type of work:	<input type="checkbox"/> New Residence <input type="checkbox"/> Other _____ <input type="checkbox"/> New Residential Accessory Structure <input type="checkbox"/> Addition <input type="checkbox"/> Garage <input type="checkbox"/> Carport <input type="checkbox"/> Interior Remodel <input type="checkbox"/> Deck(s) or Porch(es) <input type="checkbox"/> Covered <input type="checkbox"/> Uncovered	
Type of Construction:	<input type="checkbox"/> V-B <input type="checkbox"/> Other _____ <input type="checkbox"/> One-Family Dwelling <input type="checkbox"/> Two-Family Dwelling <input type="checkbox"/> Accessory _____ # of Dwelling units <input type="checkbox"/> IRC Townhome <input type="checkbox"/> IRC Townhome Accessory	

Existing Square Footage (if any):		
_____ sq. ft. Dwelling	_____ sq. ft. Garage/Carport	
_____ sq. ft. Accessory Structure	_____ sq. ft. Covered Deck/Porch	_____ sq. ft. Uncovered Deck/Porch
New or Additional Square Footage (if any):		
_____ sq. ft. Dwelling	_____ sq. ft. Garage/Carport	
_____ sq. ft. Accessory Structure	_____ sq. ft. Covered Deck/Porch	_____ sq. ft. Uncovered Deck/Porch
Total Square Footage:		
_____ sq. ft. Dwelling	_____ sq. ft. Garage/Carport	
_____ sq. ft. Accessory Structure	_____ sq. ft. Covered Deck/Porch	_____ sq. ft. Uncovered Deck/Porch
Remodel Square Footage:		
_____ sq. ft. Dwelling	_____ sq. ft. Garage/Carport	
_____ sq. ft. Accessory Structure	_____ sq. ft. Covered Deck/Porch	_____ sq. ft. Uncovered Deck/Porch
Lot Coverage:		
Proposed Lot Coverage of Structures _____ %	Proposed Impervious Surface Area _____ %	
Planning Department Information: (If Yes - Describe Below)		
1. Exterior Modifications to Building? <input type="checkbox"/> Yes	5. Tree Removal Proposed? <input type="checkbox"/> Yes	
2. Change of Land Use? (RCDG) <input type="checkbox"/> Yes	6. Mechanical Equipment Proposed? <input type="checkbox"/> Yes	
3. Sensitive Areas On or Near Site? <input type="checkbox"/> Yes	7. Additional Building Square Footage Proposed? <input type="checkbox"/> Yes	
4. Is Permit a PRD / MPRD / PCD / MPCD? <input type="checkbox"/> Yes	8. In-Ground Pool? (Provide Water Capacity) <input type="checkbox"/> Yes	
Item # & Description: _____		

Water and Waste Utilities: Is this site served by: <input type="checkbox"/> City Sewer <input type="checkbox"/> Septic System* <input type="checkbox"/> Well*		
*King County Health Dept. approval is required for all septic or well systems prior to application for a Building Permit. Phone 206-296-4932 for additional information.		
Accessory Dwelling Unit? <input type="checkbox"/> Yes If Yes Provide: Lot area (sq. ft.): _____		
Floor area of principal dwelling (sq. ft.): _____ Floor area of accessory dwelling (sq. ft.): _____		
Provide documentation that shows:		
<input type="checkbox"/> The principal owner lives in one of the dwellings as his or her primary residence.		
<input type="checkbox"/> Planning Department ADU File # _____		
Fire Sprinkler System Required <input type="checkbox"/> Yes <input type="checkbox"/> No		
Modular Home <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Fixed Foundation? <input type="checkbox"/> Yes <input type="checkbox"/> No		

***Value of Construction** – The value of construction shall include the prevailing fair market value of all labor, materials and equipment, whether actually paid or not, as well as all finish work, painting, roofing, electrical, plumbing, heating, air conditioning, elevators, fire-extinguishing systems, automatic sprinkler systems, other mechanical systems and other permanent work or permanent equipment, not including furnishings. As specified in R108.3.

Expiration of Plan Review - Applications for which no permit is issued within 180 days following the date of application shall expire and all fees paid shall be forfeited. Upon written request of the applicant, the Building Official may grant a 180-day extension to the Plan Review time as specified in Section R105.3.2 of the International Residential Code. No application shall be extended for a period of more than 180 days.

Building Owner or Authorized Agent:

Signature: _____ **Print Name:** _____ **Date:** _____

Please visit our web site at: <http://www.redmond.gov/insidcityhall/planning/planning.asp>